

Traditional Practices Affecting Maternal Care in Rural Areas of Qazvin: A Qualitative Study

Saeed Asefzadeh^{1,*}; Fariba Taherkhani²; Ahmad Ghodosian²

¹Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Qazvin, IR Iran

²The Health Network, Qazvin University of Medical Sciences, Qazvin, IR Iran

*Corresponding author: Saeed Asefzadeh, Social Determinants of Health Research Center, Qazvin University of Medical Sciences, Qazvin, IR Iran. Tel: +98-2813337006, Fax: +98-2813350056, E-mail: saefzadeh@yahoo.com

Received: February 17, 2014; **Revised:** February 25, 2014; **Accepted:** March 3, 2014

Background: Tradition is a part of people's culture that can influence the health care. It is, therefore, necessary to identify the habits that change the health behavior of people.

Objectives: In this study, we aimed to spot the traditions affecting maternity cares in the rural areas of Qazvin province, Iran.

Patients and Methods: A qualitative approach (ethnographic research) was applied. Data were collected through observation, group interviews and note-taking within seven villages with about 2500 households. The data were coded and classified and presented.

Results: The caring traditions were classified into such groups as during labor, bearing and postpartum, nutrition of the mother, caring of umbilical cord, curative care of icteric newborn, the mother's and newborn's nursing and garments, and caring of breast aches and inflammations. Some of traditional behaviors are useful such as washing the newborn and mental support of the motherhood. And some are harmful such as laying the laboring women on the cow dung etc, where some of the other ethnic habits may have unknown effects whether good or bad.

Conclusions: Subcultures can influence the health care behavior of the people and they should be identified and analyzed for the "change" of the health related behaviors.

Keywords: Culture; Maternity; Newborn; Health Care

1. Background

Tradition represents that part of people's culture that gives continuity and meaning to people's lives. This body of beliefs and practice that holds the members of a society together can, however, develop over time a validity in people's minds that resists questioning and takes on an aura of morality and correctness even in the face of contrary indications. While persistence of tradition has its positive elements, it also engenders a rigidity that becomes its own excuse for begin (1). And so, beliefs and practices like female circumcision, early childhood marriage, nutritional taboos and the like persist (2).

Tradition as a part of people's culture that can influence the health care and identification of it is necessary for changing the health behavior of people.

In the communities, health promotion depends on the sub-cultural and cultural elements which they build the people's beliefs and practices. Changes in prenatal and postnatal cares as well as nutritional habits are possible when the attitudes and social beliefs are changed.

High risk behaviors such as early marriage and pregnancy, female circumcision, unhealthy confinements,

taboos and hazardous traditions are serious obstacles in health promotion.

Some researches in the third-world countries reread that there are nutritional taboos for pregnant and motherhood women. For example in Ghana pregnant woman in some ethnic groups are not allowed to eat much protein foods because it is believed this make the baby grow too big and create labor problems for the mother. In central Africa pregnant women and parturient are prohibited from eating beef, chicken and pork as it is believed that child may born red and white patches (1, 3-5).

In Sudan elderly people in rural areas put oil on the umbilical cord and apply a piece of hot metal to burn the cord, thereby causing infection.

Week-old babies are cut on the tummy to let out bad blood and a traditional medicine is put on the cut.

In fact, there are some useful habits in some Moslem societies such as forbidding pregnant and lactating mother to fast during Ramadan. Anyhow changing the habits toward health improvement is done by most of the countries.

Implication for health policy/practice/research/medical education:

Results of this study reflected that there are still sub-cultures in ethnic groups of Iranian population that requires the consideration of health policy decision makers, the community of practice and research to make 'change' in the current situation for delivering better health care services.

Copyright © 2014, School of Paramedical Sciences, Qazvin University of Medical Sciences; Published by DOCS. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

2. Objectives

This study was conducted to identify the post-partum beliefs and habits of the rural communities in Qazvin province so that they could be considered in “change” programmers.

3. Patients and Methods

A qualitative approach-ethnographic research was applied. Data were collected through observation, group interviews and note taking. The observers were selected of the experienced health workers. They observed, referred to the informant persons, organized individual and group interviews and recorded the data. The informant persons were mainly the traditional birth attendants, grandmothers or other women who had experienced child births and were aware of the traditions. In this project, seven rural areas consisting 2500 families were investigated. These rural areas are under PHC network converge. The data were coded and classified and presented.

4. Results

The beliefs, habits and traditions of the people were classified into the following titles:

- Caring of during parturition:
 - Praying for the parturient;
 - Feeding borage beverage to her;
 - Blowing into bottle for early eruption of placenta or fetus;
 - Feeding boiled egg.
- Umbilical cord eruption:
 - Laying cow dung to reduce labor and to make placenta erupt;
 - Fastening a piece stone to umbilical card so that the placenta erupts;
 - Feeding parturient animal oil.
- Postpartum aches:
 - Believing that uterus is looking for its fetus;
 - Saying that when the ache is putting down the newborn's crying begins;
 - Putting salt-stone on mother's stomach;
 - Putting hot dung on mothers' stomach;
 - Feeding mint and oil.
- Parturient and newborn room and garment:
 - The parturient was surrounded by a woolen rope so that the devil cannot enter;
 - A knife was hanged over her head so that the devil could not hurt her and the newborn;
 - They smoke the room with rue;
 - The women was supported by her family;
 - Some traditional ornaments are attached to newborn garments;
 - The mother was not let to lactate her newborn in the presence of others-in the belief that the evil eyes may hurt them.
- The hygiene of mother and newborn:

The newborn is washed immediately after birth and after ten days is bathed;

The parturient takes shower after ten days and she sits on egg in the bath;

Her hair is soaked with albumen;

Ashes, dang, coal or curry power was put on the naval cord to be fallen;

To recover from jaundice live fish is put on the face of the icteric newborn or pomegranate juice dropped in its eyes.

- Nutrition of mother and newborn:

Best food staves are for them, for example tea, boiled egg, soup, animal oil but she is prohibited to eat meat;

Some believe she should not drink water, melon, yoghurt, milk, garlic, onion etc;

Mother eats a dry mixture of wheat and milk for better lactation;

The colostrums are not fed to newborn;

A mixture of butter and sugar is fed to newborn.

- Mastalgia:

The breasts are massaged in the bath;

Hot towel is put on the breast or is massaged with cold water;

They pray to recover;

Sometimes they rub the husband's shoe on the breast.

- Other habits:

They say pray “Azan” in the newborn ears;

Families bring gifts to the mother;

Naming of the newborn is done after seven days.

5. Discussion

Although in three recent year most of the child births are done in the maternal care clinics or hospitals still some cases give birth traditionally. Even after discharge from maternal clinic they treat mother and newborn traditionally. We can classify the findings of this investigation into three groups:

A) The traditions and habits that are supportive and may be useful such as washing newborn and mental support of the motherhood.

B) The traditional behaviors which may be harmful, or no good such as laying the laboring women on the cow dung or not feed the newborn colostrums, or rubbing husband's shoe on the painful breast.

C) The traditions which may have unknown effects whether good or bad.

In a study in Thailand the cooperation of the husband during the motherhood the habits are divided in favorable and unfavorable ones. The favorable are those like psychological support, welcoming the newborn and the wife, etc. and the other ones are like cultural taboos, for example to isolate the parturient as a sinful human (6). As a matter of fact, one should view the causes of the traditional habits and taboos that effect the health of women and children as something from (7, 8);

A) Ignorance

- B) Poverty
- C) illiteracy
- D) Male chauvinism

The solution to these problems cannot be tackled single-handedly due to lack of resource. Moreover any change in culture, habits and beliefs which are formed during the past history of the ethnic groups takes longer time than other activities. In other word, there is a need to plan integrated programmers for target areas where all governmental bodies as well as NGOs, equipped with necessary resource material and personnel, would cooperate vigorously action taken. History shows us, however, that societies do change as new realities impinge on them. Accordingly, when certain beliefs and practices no longer appear functional or credible to their proponents, once these customs are observed more in the breach than in practice, the stage is set for a transformation to a new set of opinions and activities (1, 2). Although trained traditional birth attendants together with the university educated midwives and the health workers-‘Behvarz’ are now working in more than 90% of areas which are under coverage of PHC network of the country. Many social and cultural works are to be done to analyze the ethnic behavior to be reformed.

However, in this investigation 52 health worker educated and concerned 285 pregnant or parturient women about their necessary cares through face-to face model. Some researchers have shown that motherhood risk can be reduced through behavior analysis, education and appropriate health technology. The study revealed that they are still sub-cultures in ethnic groups of Iranian population that need to be considered and analyzed to make ‘change’ in the situation for the better delivery health care services.

Acknowledgements

Authors would like to appreciate the Deputy of Research

at Qazvin University of Medical Sciences for collaboration.

Author's Contribution

All authors contributed in entire stages including designing, analyzing the results and writing the current research article.

Financial Disclosure

There is not any conflict of interest.

Funding/Support

This work was supported by grants from Qazvin University of Medical Sciences, Qazvin, IR Iran.

References

1. Alemu CB. Some commonly practiced nutrition taboos in Ethiopia and their impact on women and young children. *Report on the seminar on traditional practices affecting the health of women and children in Africa*. 1987.
2. Viegas OA, Wiknsosastro G, Sahagun GH, Chaturachinda K, Ratnam SS. Safe childbirth needs more than medical services. *World Health Forum*. 1992;**13**(1):59-65.
3. McVeigh CA. Investigating the relationship between satisfaction with social support and functional status after childbirth. *MCN Am J Matern Child Nurs*. 2000;**25**(1):25-30.
4. Nessa S, Arco ES, Kabir IA. Birth kits for safe motherhood in Bangladesh. *World Health Forum*. 1992;**13**(1):66-9.
5. Fati P. *Nutritional Taboos in Ghana Report on the seminar on traditional practices affecting health of the women and children in Africa*. Addis Ababa: 1987.
6. Hung CH, Chung HH, Liu YH. [Correlates of couples' attitudes toward husband's childbirth participation]. *Kaohsiung J Med Sci*. 1997;**13**(6):360-9.
7. Asefzadeh S, Sameefar F. Traditional healers in the Qazvin region of the Islamic Republic of Iran: a qualitative study. *East Mediterr Health J*. 2001;**7**(3):544-50.
8. Mavy R. *Preface report on the seminar on traditional practices affecting the health of women and children in Africa*. Addis Ababa: 1987.